

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

US/857214

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		6					57						
8		6					58						
9		6					59						
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17		6					67						
18		6					68						
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44		6					94						
45		6					95						
46		6					96						
47		6					97						
48		6					98						
49		6					99						
50		6					100						
TOTAL	1	↓		↓		↓	TOTAL		↓		↓		↓
TOTAL	1	↓		↓		↓	TOTAL		↓		↓		↓
TOTAL	1	↓		↓		↓	TOTAL		↓		↓		↓
TOTAL	1	↓		↓		↓	TOTAL		↓		↓		↓